CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 File with: Secretary of State, RI 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109961500 5/27/2011 SS RI 2. TERMINATION: Effectiveness of the Financing Statement identified a	merchant 575034	THE ABOVE SPA			
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer C. SEND ACKNOWLEDGMENT TO: (Name and Address) 15329 - CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 File with: Secretary of State, RI 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109961500 5/27/2011 SS RI 2. TERMINATION: Effectiveness of the Financing Statement identified a	merchant 575034	THE ABOVE SPA			
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer C. SEND ACKNOWLEDGMENT TO: (Name and Address) 15329 - CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 File with: Secretary of State, RI 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109961500 5/27/2011 SS RI 2. TERMINATION: Effectiveness of the Financing Statement identified a	merchant 575034	THE ABOVE SPA			
Phone: (800) 331-3282 Fax: (818) 662-4141 B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer C. SEND ACKNOWLEDGMENT TO: (Name and Address) 15329 - CT Lien Solutions 51 P.O. Box 29071 Glendale, CA 91209-9071 File with: Secretary of State, RI 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109961500 5/27/2011 SS RI 2. TERMINATION: Effectiveness of the Financing Statement identified a	MERCHANT 575034	THE ABOVE SPA			
CLS-CTLS_Glendale_Customer_Service@wolterskluwer C. SEND ACKNOWLEDGMENT TO: (Name and Address) 15329 - CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 File with: Secretary of State, RI 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109961500 5/27/2011 SS RI 2. TERMINATION: Effectiveness of the Financing Statement identified a	MERCHANT 575034	THE ABOVE SPA			
CT Lien Solutions 51 P.O. Box 29071 Glendale, CA 91209-9071 File with: Secretary of State, RI 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109961500 5/27/2011 SS RI 2. TERMINATION: Effectiveness of the Financing Statement identified a	575034	THE ABOVE SPA			
P.O. Box 29071 Glendale, CA 91209-9071 File with: Secretary of State, RI 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109961500 5/27/2011 SS RI 2. TERMINATION: Effectiveness of the Financing Statement identified a	•	THE AROVE SPA			
Glendale, CA 91209-9071 File with: Secretary of State, RI 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109961500 5/27/2011 SS RI 2. TERMINATION: Effectiveness of the Financing Statement identified a	₹1	THE ABOVE SPA			
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109961500 5/27/2011 SS RI 2. TERMINATION: Effectiveness of the Financing Statement identified a		THE ABOVE SPA			
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109961500 5/27/2011 SS RI 2. TERMINATION: Effectiveness of the Financing Statement identified a		THE ABOVE SPA			
201109961500 5/27/2011 SS RI 2. TERMINATION: Effectiveness of the Financing Statement identified a			CE IS FO	OR FILING OFFICE US	E ONLY
		(or recorded) in the REAI	LESTATE	ENDMENT is to be filed [for RECORDS m UCC3Ad) <u>and</u> provide Debto	=
Statement	above is terminated with	respect to the security interest(s) of Secure	ed Party authorizing this Te	rmination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 and also indicate affecting a second complete items 7 and 9 a			ssignor in	item 9	
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect to	the security interest(s) of Secured	Party auti	norizing this Continuation S	tatement is
5. 🛛 PARTY INFORMATION CHANGE:					
Crieck Office of these two boxes.	ck <u>one</u> of these three box CHANGE name and/or a	address: Complete ADD nom	e: Comple		Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Ch.	item 6a or 6b; and item 7		and item 7	c to be deleted in	tem 6a or 6b
6a. ORGANIZATION'S NAME	ange - provide only one	inanie (va vi vo)			•
MERCHANT FINANCIAL CORPORATION			_		
6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ation Change - provide only	one name (7a or 7b) (use exact, full name;	do not omit, r	nodify, or abbreviate any part of the	Debtor's name)
7a. ORGANIZATION'S NAME MERCHANT FINANCIAL CORPORATION					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1441 BROADWAY, 22ND FLOOR	NEW YORK	<u> </u>	NY	10018	USA

ALLISON REED GROUP, INC.

51575034

4.1	LLOW INSTRUCTIONS	4 4		1		
	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1109961500 5/27/2011 SS RI	la on Amendment for	m			
12	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as	item 9 on Amendmen	t form			
	12a. ORGANIZATION'S NAME MERCHANT FINANCIAL CORPORATION					
	MENOLINA HIVANOIAE GON GIARION					
OR						
UN	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX			
13.	Name of DEBTOR on related financing statement (Name of a curre	ent Debtor of record re	equired for indexina		CE IS FOR FILING OFFICE US ling offices - see Instruction item	
	one Debtor name (13a or 13b) (use exact, full name; do not omit, r					,,
	13a. ORGANIZATION'S NAME ALLISON REED GROUP, INC.					
OR		FIRST P	ERSONAL NAME	A	DOITIONAL NAME(SYNITIAL(S)	SUFFIX
	cured Party Name and Address: RCHANT FINANCIAL CORPORATION - 1441 BROAD	WAY, 22ND FLC	OR , NEW YOR	K, NY 10018		
15.	This FINANCING STATEMENT AMENDMENT:		1	on of real estate:		
	This FINANCING STATEMENT AMENDMENT:	is filed as a fixture	1	on of real estate:		
16. (covers timber to be cut covers as-extracted collateral		1	on of real estate:		
16. (covers timber to be cut covers as-extracted collateral Name and address of a RECORD OWNER of real estate described		1	on of real estate:		
16. (covers timber to be cut covers as-extracted collateral Name and address of a RECORD OWNER of real estate described		1	on of real estate:		
16. (covers timber to be cut covers as-extracted collateral Name and address of a RECORD OWNER of real estate described		1	on of real estate:		
16.1	covers timber to be cut covers as-extracted collateral Name and address of a RECORD OWNER of real estate described		1	on of real estate:		
16. (covers timber to be cut covers as-extracted collateral Name and address of a RECORD OWNER of real estate described		1	 on of real estate:		
16. 1	covers timber to be cut covers as-extracted collateral Name and address of a RECORD OWNER of real estate described		1	ion of real estate:		

ALLISON REED GROUP, INC.

MERCHANT FINANCIAL

File with: Secretary of State, RI

18. MISCELLANEOUS; 51575034-RI-0 15329 - MERCHANT FINANCIAL C